

Enclosure 7: EMT Skills Remediation Form

Candidate's Name: _____

Section One: ***Cardio-Respiratory Skills***
(Per Current AHA Guidelines)

Date Mastered

Rescue Breathing: (Adult / Infant / Child) _____

Foreign Body Airway Obstruction (Infant) _____

Foreign Body Airway Obstruction (Adult / Child) _____

CPR – Infant (One & Two Rescuer) _____

CPR – Adult / Child (One & Two Rescuer) _____

Automated External Defibrillator _____

Section Two: ***EMT Skills***
(Must use current NREMT skill check sheets)

Airway, Oxygen & Ventilation Skills
Upper Airway Adjuncts & Suction _____

Bag-Valve-Mask (Apneic Patient) _____

Bleeding Control / Shock Management _____

Cardiac Arrest Management / AED
With Bystander CPR in Progress _____

Immobilization Skills / Joint Injury _____

Immobilization Skills / Long Bone Injury _____

Immobilization Skills / Traction Splinting _____

Mouth to Mask with Supplemental Oxygen _____

Oxygen Administration _____

Patient Assessment / Management – Medical _____

Patient Assessment / Management – Trauma _____

Spinal Immobilization – Seated Patient _____

Spinal Immobilization – Supine Patient _____

Alternative Airway Device (Supraglottic Airway) _____

Section Three: *Candidate's **Verification** of Competency in All Skills*

(Candidate): *I verify that have been **taught, tested, & found competent** in all skills listed on this Enclosure 7.*

Candidate's Signature & Date: _____

Section Four: *Instructor's **Verification** of Competency in All Skills*

(Instructor): *I verify that have **taught, tested, & found competent** this student in all skills listed on this Enclosure 7.*

Instructor's Signature & Date: _____

Note: This original signed form must be sent to DHEC along with a letter (on letterhead) from the training institution's EMT Program Coordinator attesting to the remediation.